

**UNITED STATES BANKRUPTCY COURT-DISTRICT OF NEW JERSEY**

In Re: BED, BATH & BEYOND

Case No. 23-13359-VFP

**CERTIFICATION OF SERVICE**

I, the undersigned, certify that on October 13, 2024, I sent a copy of the following:

**RESPONSE OF CREDITOR SONOMA COUNTY TAX COLLECTOR TO DEBTORS'  
SECOND OMNIBUS OBJECTION TO TAX CLAIMS AND OPPOSITION TO MOTION  
TO DETERMINE TAX LIABILITY AND STAY PROCEEDINGS AS TO CERTAIN  
CALIFORNIA TAXING AUTHORITIES**

I, certify under penalty of perjury that the above document was sent using Fed Ex  
Overnight Mail to the parties listed on the attached Service List.

Dated: October 13, 2023

s/ Megan Sweeley

**SERVICE LIST**

**Debtor**

**Bed Bath & Beyond Inc.**

Warren A. Usatine

Cole Schotz P.C.

25 Main Street

PO Box 800

Hackensack, NJ 07602-0800

Felice R. Yudkin

Cole Schotz P.C.

25 Main Street

Hackensack, NJ 07602



EXPRESS MAIL

UNITED STATES POSTAL SERVICE



US POSTAGE  
ZIP 95401 \$028.75  
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0001339866 OCT 13 2023

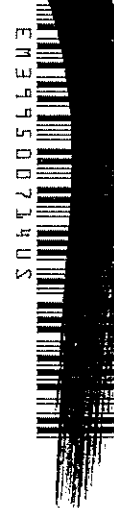
Addressee Copy  
Label 11-F April 2004



UNITED STATES POSTAL SERVICE

Post Office To Addressee

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REMEELY URC

Rate  
Flat Envelope  
First Class and International

PRESS HARD. YOU ARE MAKING 3 COPIES.

ORIGIN (POSTAL SERVICE USE ONLY)				DELIVERY (POSTAL SERVICE USE ONLY)			
PO ZIP Code		Day of Delivery		Delivery Attempt		Time	
		<input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Del. Day Scheduled Date of Delivery		<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature		<input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature	
Date Accepted		Month Day		Mo. Day		Time	
		Scheduled Time of Delivery <input type="checkbox"/> AM <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM		Delivery Date <input type="checkbox"/> AM <input type="checkbox"/> PM		Employee Signature	
Mo. Day Year		COD Fee		Insurance Fee			
		\$		\$			
Time Accepted		Total Postage & Fees		Waiver of Signature (Domestic Mail Only) Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent if delivery employee judges that article can be left in secure location and I authorize that delivery employee's signature constitutes valid proof of delivery.			
<input type="checkbox"/> AM <input type="checkbox"/> PM Flat Rate <input type="checkbox"/> or Weight		Acceptance Emp. Initials		<input type="checkbox"/> NO DELIVERY <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Customer Signature	
Lbs. ozs.							
FROM: (PLEASE PRINT)				TO: (PLEASE PRINT)			
PHONE				PHONE			
NOTATION: 632 2 81 100 E101 NEWARK, NJ FILED				202122232425262728293031-123456789 NEWARK, NJ OFFICE WINDOW			